## **Application Data Sheet**

# **Application Information**

Application nur	mber::	
Filing Date::		9/26/03
Application Typ	oe::	Regular
Subject Matter:	::	Utility
Suggested class	ssification::	
Suggested Gro	oup Art Unit::	
CD-ROM or CI	D-R?::	None
Number of CD	disks::	
Number of cop	ies of CDs::	
Sequence subr	mission?::	
Computer Read	dable Form (CRF)?::	:
Number of cop	ies of CRF::	
Title ::	Cell-Free Tissue	Replacement For Tissue Engineering
Attorney Docket Number::		UTAU:1063
Request for Early Publication?::		No
Request for Non-Publication?::		No
Suggested Drawing Figure::		1
Total Drawing Sheets::		10
Small Entity?::		Yes
Latin name::		
Variety denomi	nation name::	
Petition include	d?::	No
Petition Type::		
Licensed US G	ovt. Agency::	
Contract or Gra	int Numbers::	

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Christine

Middle Name::

Family Name:: Schmidt

Name Suffix::

City of Residence:: Austin

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 9002 Currywood

City of mailing address:: Austin

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 78759

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Terry

Middle Name::

Family Name:: Hudson

Name Suffix::

City of Residence:: Austin

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 5701 S. Mopac

Apt. 123

City of mailing address:: Austin

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 78748

# Correspondence Information Correspondence Customer Number :: 34725 Name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: Phone number:: Fax Number: E-Mail address::

Representative Information	
Representative Customer Number::	34725

-OR-

Representative Designation::	Registration Number::	Representative Name::

				<del> </del>	
Application ::	Con	tinuity Type::	Parent	Parent	
This Application	Non-Provisional of		Application::	Filing Date	
	11011	-1 TOVISIONAL OF	60/414,278	09/27/02	
	-				
Foreign Priority Information					
Country::	Appl	ication number::	Filia D.		
			Filing Date::	Priority Claimed::	
	-				
	<u> </u>				
Assignee Information					
Assignee name::		B			
g.,30 name		Board Of Regents, The University Of Texas System			
treet of mailing address::		201 West 7 <sup>th</sup> Street			
city of mailing address::		Austin			
tate or Province of mailing addre	TX				
Country of mailing address::	US				
ostal or Zip Code of mailing addre	78701				

**Domestic Priority Information**